

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: Method For Securing A Nasal Mask
Attorney Docket Number:: 1-25083
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 15
Small Entity?:: No
Petition Included?:: No

Inventor Information

| | |
|--|--------------------|
| Applicant Type:: | Inventor |
| Primary Citizenship Country:: | United States |
| Status:: | Full Capacity |
| Given Name:: | Allan |
| Middle Name:: | R. |
| Family Name:: | Jones |
| Name Suffix:: | Jr. |
| City Residence:: | Derry |
| State or Province of Residence:: | Pennsylvania |
| Country of Residence:: | US |
| Street of Mailing Address:: | R.D. #1 Box 330 |
| City of Mailing Address:: | Derry |
| State or Province of Mailing Address:: | Pennsylvania |
| Country of Mailing Address:: | US |
| Postal or Zip Code:: | 15627 |
| Applicant Type:: | Inventor |
| Primary Citizenship Country:: | United States |
| Status:: | Full Capacity |
| Given Name:: | Nicholas |
| Middle Name:: | J. |
| Family Name:: | Macmillan |
| City Residence:: | Greensburg |
| State or Province of Residence:: | Pennsylvania |
| Country of Residence:: | US |
| Street of Mailing Address:: | 106 Pinehurst Lane |
| City of Mailing Address:: | Greensburg |
| State or Province of Mailing Address:: | Pennsylvania |

Country of Mailing Address:: US
Postal or Zip Code:: 15601
Applicant Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Terry
Middle Name:: M.
Family Name:: Birchler
City Residence:: New Albany
State or Province of Residence:: Ohio
Country of Residence:: US
Street of Mailing Address:: 1688 Harrison Pond Drive
City of Mailing Address:: New Albany
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: US
Postal or Zip Code:: 43504

Correspondence Information

Correspondence Customer Number:: 4859

Representative Information

Representative Customer Number:: 4859

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | An application claiming the benefit under 35USC 119 (e) | 60/451,113 | 02/28/03 |

Assignee Information

Assignee name:: Sunrise Medical HHG Inc.
Street of Mailing address:: 7477 East Dry Creek Parkway
City of mailing address:: Longmont
State or Province of mailing address:: Colorado
Country of mailing address:: US
Postal or Zip Code of mailing address:: 80502